

Creating Integrated Service Systems for People with Co-Occurring Disorders Diverted from the Criminal Justice System

THE KING COUNTY (SEATTLE) EXPERIENCE

A Product of the SAMHSA Jail Diversion Knowledge Development and Application Initiative

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Finding a Common Ground for Promoting Systems Integration

The need to divert people with co-occurring mental health and substance use disorders from the criminal justice system to treatment is increasingly apparent. Many offenders — both youth and adult — whose misdemeanor offenses are related more to the symptoms of mental illness and substance use than to truly criminal behavior are poorly served in a criminal justice system that offers little in the way of structured treatment. Jailing these individuals only perpetuates the cycle of offense and incarceration. Diverting these individuals from the criminal justice system and providing intensive community-based treatment and support offers far more hope to improving the lives of individual offenders and the welfare of the larger community.

In King County, Seattle, Washington, the data supporting the need for effective diversion alternatives for persons in the justice system is compelling. For adults within the King County correctional system, active substance use is reported among 60% to 80% of those admitted to jail. Up to 15% of the locally incarcerated population suffer from a major mental illness and a recent study of a random stratified King County Jail sample revealed that 23% of “high impact” (i.e., repeated recycling through the criminal justice, mental health and chemical dependency systems) jail inmates are diagnosed with co-occurring substance use and mental disorders.

The provision of an integrated approach to the multiple problems these populations present when they are diverted to community-based treatment and support is essential. Diversion itself helps little; diversion to appropriate services is key.

What is an Integrated System?

Systems integration occurs when there is the sharing of clients’ information, planning, and resources.

- **Sharing Clients:** Multi-problem clients that traditionally receive services in only one system or receive uncoordinated care in multiple systems are shared by appropriate treatment systems and treated in a coordinated fashion (e.g. single treatment plans, multi-disciplinary teams, etc.).
 - **Sharing Information:** Information about programs, services, treatment models, and clients move across the traditional lines of service delivery systems.
 - **Sharing Planning:** Multiple systems engage in joint processes to plan integrated services to multi-problem clients.
 - **Sharing Resources:** The resources available to multiple systems are blended and/or shared to ensure that services are configured in a way that meets the individualized needs of clients rather than the needs of the systems or providers offering care.
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Key Tactics

- **Use the momentum that builds behind powerful, multi-system stakeholder consensus for system s change.** When multiple stakeholders agree on the same vision and carry that vision to the funders and decision-makers within a local jurisdiction, the impact of this consensus is difficult to ignore. In a democracy, policies and funding follow the public will.
- **Identify “one-time” resources that exist in every system that can be redirected to collective diversion efforts.** Because of the way human service and criminal justice systems build and defend their operating budgets, one-time funds exist in almost every system. Stakeholders can be encouraged to identify these funds and blend these resources in shared activities related to the system’s integration vision.
- **Mobilize “pilot projects” that give all systems more than any one could afford.** Any single system will balk at having to pay the full cost of a multi-system, integrated jail diversion program. Additionally, in most cases, the “one-time” funds of a single system alone will be insufficient to support the operations of such a program. Yet when these resources are pooled, each system will get more for its money than it could have purchased on its own.
- **Promote multi-system ownership of pilot efforts.** Just as each system contributes some of the resources needed to mobilize diversion efforts, each system should be encouraged to claim ownership of the diversion projects. Shared ownership contributes to the synergy that results from shared funding and instills in all stakeholders a desire to see collective efforts succeed.
- **Carefully monitor and evaluate all diversion efforts.** Outcome-based evaluation of diversion efforts based on performance measures that have emerged from cross-system discussion is essential. Demonstrating the success of diversion efforts that generate positive treatment outcomes while reducing costs in the criminal justice system setting are critical to making the case for institutionalizing pilot efforts and creating more permanent programming rooted in secure, ongoing funding streams.

Finding Support for Integrated Diversion Services

The current political environment is not conducive to funding expensive projects that promote jail diversion and systems integration. In fact, the opposite is usually the case. Increasingly, taxpayer sentiment has supported increased expenditures of limited public resources to build and fill more jails rather than to provide community-based treatment and supports. In King County, 67% of regular county tax revenues are spent to support criminal justice system costs. To further complicate the situation, the emergence of managed care in the public sector of behavioral health care presents a unique set of challenges to the mobilization of flexible diversion programs.

The strength of the coalitions built during the strategic planning phases of diversion efforts is critical. To make diversion occur, the fourth (and perhaps most threatening) principle of integration must be brought into play: sharing resources. Although in King County no single system could afford the up-front costs of effective jail diversion programming, all the systems that could potentially reap the long-term benefits of jail diversion *collectively* identified the resources required to mobilize initial projects. Each system was asked to bring to the table the resources it had available for the shared effort. “Resources” in this discussion were not limited to funds, but also included staff time, space, and the commitment to change policies and practices. A few examples illustrate the sharing of resources in the King County diversion efforts:

The Seattle Police Department: Without new staff or resources, the Seattle Police Department undertook a commitment to mobilize a Crisis Intervention Team (CIT) modeled on the Memphis, TN, program. A group of more than 100 volunteers from the existing ranks of the police force agreed to receive 40 hours of specialized training on dealing with persons with mental illness, drug/alcohol problems, and developmental disabilities. Training provided voluntarily by representatives of the treatment systems, consumers, and family members offered officers new skills to recognize different types of illnesses and to intervene to de-escalate potentially dangerous situations without using force or making arrests. CIT officers are now regularly dispatched to calls involving persons with mental illness with a primary goal being jail diversion.

The County Hospital: Working with the active support of the local mental health and drug/alcohol systems, the county hospital provided the space and part of the staffing required to reconfigure an existing psychiatric emergency room into

a Crisis Triage Unit capable of managing pre–booking diversion referrals made by police officers. This meant moving away from the traditional emergency room model of “treat and release” toward a strategy of “assess, intervene, and link to needed services.” Staffing of the psychiatric emergency unit was increased and diversified. “Back–door” staff were added from the mental health and drug/alcohol systems to ensure the effectiveness of referral linkages for persons leaving the Crisis Triage Unit.

The King County District Court: The District Court for King County committed time and resources to mobilize a mental health court. Representatives from the court, prosecuting attorney, public defender, probation, and mental health systems all agreed to provide dedicated staffing to the mental health court. Resources from the mental health system fund balance were provided to secure treatment capacity for non–Medicaid eligible referrals from the court. Mental health system liaison staffing was provided to ensure that linkages from the court to treatment were effective.

The Mental Health and Substance Abuse Systems: Participation of these systems required a reconceptualization of the managed care paradigm from the “enemy” to that of an active partner in systems integration. The managed care system, when held accountable to its stated goal of promoting increased client choice and individualized and tailored care, can support jail diversion efforts. Systems integration advocates argued that a portion of the systems savings (“fund balance”) generated by the managed care model could be reinvested in services targeting those for whom the managed care paradigm worked least well — including persons with co–occurring disorders involved in the justice system. This meant that fund balance dollars produced by the managed care process could be applied to supplementing the staffing needed to create the hospital’s Crisis Triage Unit and the Mental Health Court. Additionally, clear and precise policies were embedded in the managed care system contracts requiring providers of care in the community to accept referrals from the Crisis Triage Unit and the Mental Health Court. Finally, expectations related to these initiatives were embedded in outcomes and performance indicators that stressed integration and diversion from the criminal justice system.

Importance of Disclosing “Up–Front” Investments

As systems and stakeholders initiate the process of developing and promoting integrated jail diversion programming, there are a variety of “up–front” investments that will help to ensure positive outcomes. Most of these up–front investments require minimal fiscal allocations. As these up–front investments are identified, it is important to disclose them to stakeholders. These investments include:

- *Effective placement and use of “boundary–spanner” staff at the systems and service levels.* The systems integration literature describes the potential roles and uses of boundary–spanner staff at both the systems and service levels.¹ Such staff are critical to the success of diversion initiatives. First, staff assigned to boundary–spanning roles at the system level can help identify and bring together the stakeholders required to build consensus around a vision and momentum behind implementing action steps. Second, boundary–spanning staff at the service level provide the essential “glue” that joins the different systems for each diverted individual. These staff are central to ensuring that referrals from the police, jails, and courts actually make it to the treatment systems that will offer the greatest benefit.
- *Time commitment from key stakeholders.* Mobilizing diversion projects requires that individuals from all levels of the multiple systems involved be available for and invested in the planning process. Funders must be willing to identify “one–time” resources available for systems integration pilot projects. Policymakers must commit to reviewing and altering policies that perpetuate gaps and barriers in the system. Service providers must help identify the nuts–and–bolts issues of what will and will not work in the field. The willingness on the part of all these stakeholders to attend many meetings and remain connected to the process goes a long way to promoting success.
- *Agreement to step outside of traditional service and business paradigms:* In order to plan across multiple systems and blend local resources from different, often categorical, funding streams, all involved stakeholders must be willing to challenge the underlying assumptions about how business is transacted and develop new and creative approaches to funding, policies and procedures.
- *Willingness to take risks:* Some pilot efforts to promote diversion will fail to produce the desired results for a variety of reasons. Failures must be re–framed as opportunities to determine how to be more effective the next time. Al-

¹ Steadman, H., “Boundary Spanners: a Key Component for the Effective Interactions of Justice and Mental Health Systems,” *Law and Human Behavior*, 16 (February): 75–87. 1992.

though not the familiar turf of most bureaucrats, risk-taking becomes easier when risks are shared across multiple systems and finger-pointing is discouraged when things do not happen exactly as planned.

- *Measurement and analysis of results:* Resources must be set aside to evaluate the results of the efforts undertaken. Without this evaluation process, the long-term security of even the most effective diversion efforts will be jeopardized. Whether these evaluation resources are identified in existing evaluation staff units or funded independently as part of the initial pilot efforts, they are a critical component of any integration activity and must not be overlooked.
- *Dissemination of findings and results:* Systems integration and diversion efforts cannot shrink from public and media relations. Letting the stakeholders and community know what you are doing and the outcomes of these efforts will help to solidify consensus around vision, goals, objectives, and programming. Negative incidents involving offenders with co-occurring disorders that receive extensive media exposure should be considered opportunities to make the case for more effective integration of services, rather than examples of yet one more time that the system has demonstrated its ineffectiveness.

Conclusion

The King County experience demonstrates when there is political will, creative vision, and invested people, significant progress can be made in creating integrated systems of care to divert individuals with co-occurring mental health and substance use disorders from the criminal justice system. Further, these experiences demonstrate that the infusion of large amounts of new money is not the key. Rather, it is a matter of joint planning, pooling resources, and more effectively managing existing resources toward new goals.

Additional Information

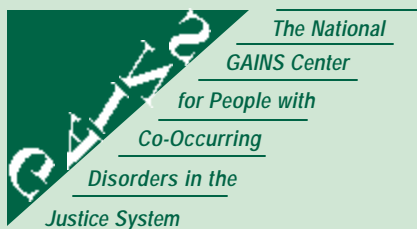
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The National GAINS Center for People with Co-Occurring Disorders in the Justice System is a national center for the dissemination and application of information about effective mental health and substance abuse services for people with co-occurring disorders who come in contact with the justice system. The National GAINS Center is a partnership of the Substance Abuse and Mental Health Services Administration (SAMHSA); the Center for Substance Abuse Treatment (CSAT) and the Center for Mental Health Services (CMHS); the National Institute of Corrections; the Office of Justice Programs; and the Office of Juvenile Justice and Delinquency Prevention.